

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049141

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1					
4	3					
5	(1)					
6	1					
7	(1)					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
12	(1)					
13	(1)					
14	(1)					
15	(1)					
16	1					
17						
18	2					
19	(1)					
20	1					
21	1					
22	2					
23	2					
24	2					
25	(1)					
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50						
TOTAL IND.	2					
TOTAL DEP.	29					
TOTAL CLAIMS	31					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV. 3-78)

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